

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS:  
FELIPE OTEZE FOWLKES,  
VS. PLAINTIFF,  
KATHLEEN M. DENNEHY, ET AL,  
DEFENDANTS.

FILED  
CLERK'S OFFICE  
05-CV-11749-JLT  
2006 SEP 28 P 2:13  
U.S. DISTRICT COURT  
DISTRICT OF MASS

### PROOF OF SERVICE

PLAINTIFF, FELIPE OTEZE FOWLKES, PRO SE, PURSUANT TO COURT'S AUG.17, 2006, ORDER, do hereby file "PROOF OF SERVICE" OF the operative (SECOND AMENDED) COMPLAINT IN THIS CIVIL ACTION UPON the DEFENDANTS, KATHLEEN M. DENNEHY, JAMES R. BENDER, VERONICA MADDEN, RONALD T. DUVAL, KRISTIE LADOUCEUR, PETER PEPE, KAREN DINARDO, STEPHEN M. PARE, C.O. DRAGONE, DAVID NOLAN, JOHN MARSHALL, JR., JOHN LUONGO, JR., DANIEL SULLIVAN, ANN MARIE AUCION, DARRIN C. PAYNE, LUIS SPENCER, KIMBERLY KENNEY AND LOIS RUSSO. TO WIT, PLAINTIFF HAVE ENCLOSED THE U.S. MARSHAL 285 RETURN RECEIPT FORMS CONTAINING THE DATES AND TIMES OF SERVICES ON THE AFOREMENTIONED DEFENDANTS.

HOWEVER, SERVICE WAS NOT COMPLETED ON DEFENDANTS JOHN MARSHALL, TIMOTHY HALL, SCOTT ANDERSON AND C.O. MARTIN. IT APPEARS THAT DEFENDANTS JOHN MARSHALL AND TIMOTHY HALL, BOTH OF WHOM ARE ASSISTANT DEPUTY COMMISSIONERS, HAVE REFUSED TO ACKNOWLEDGE SERVICE OF SUMMONS AND COMPLAINTS ON THEM AND/OR CANNOT BE LOCATED AT THE COMMISSIONER'S OFFICE IN MILFORD, MA.,

where the other two ASSISTANT DEPUTY COMMISSIONERS WERE SERVED. Upon finding their new addresses, if there ARE ANY, the plaintiff will Re-SERVE them.

The defendant C.O. MARTIN (who was the defendant to be NAMED LATER) is Reportedly deceased AS OF 2005.

To wit, Plaintiff have enclosed the U.S. MARSHAL 285 RETURN RECEIPT FORMS CONTAINING the MARSHALS SERVICE REMARKS about the incomplete Services ON MARSHALL, HALL AND MARTIN.

The U.S. MARSHAL 285 FORM OF RETURN Receipt ON defendant Scott ANDERSON (MR. ANDERSON) has NOT yet been Received by PLAINTIFF from U.S. MARSHALS Service. When it is Received, the plaintiff will file PROOF of that Service with this COURT.

DATE: Sept. 25, 2006.

PLAINTIFF, PRO SE

Felipe Oteze Fowlkes

FELIPE OTEZE FOWLKES #W84203  
SOUZA-BARANOWSKI CORR. CTR.  
P. O. Box 8000  
Shirley, MA 01464

## CERTIFICATE OF SERVICE

I, FELIPE OTEZE FOWLKES, PLAINTIFF, PRO SE, HEREBY CERTIFY THAT ON THIS 25<sup>th</sup> DAY OF September 2006, I CAUSED A TRUE COPY OF THE FOREGOING PROOF OF SERVICE WITH U.S. MARSHALS SERVICE 285 RETURN RECEIPT FORMS TO BE SERVED ON DEFENDANTS ATTORNEY, DARYL F. GLAZER, by POSTAGE PREPAID FIRST CLASS MAIL AT LEGAL DIVISION, D.O.C., TO FRANKLIN ST., SUITE 600, BOSTON, MA 02110.

DATE: Sept. 25, 2006.

Felipe Oteze Fowlkes  
FELIPE OTEZE FOWLKES

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>FELIPE OTEZE FOWLKES</b>		COURT CASE NUMBER <b>CA.05-11749-JLT</b>	
DEFENDANT <b>KATHLEEN DENNEHY</b>		TYPE OF PROCESS	
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>KATHLEEN DENNEHY, Commissioner, DEPT. OF CORRECTIONS</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>50 MAPLE STREET, Suite 3, MILFORD, MA 01857</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<b>1</b>
<b>FELIPE OTEZE FOWLKES #W84303</b> <b>W84303A-BARANOWSKI CORR. CTR.</b> <b>P.O. BOX 8000</b> <b>SHIRLEY, MA 01964</b>		Number of parties to be served in this case	<b>4</b>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**4/24/06****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>38</b>	District to Serve No. <b>26</b>	Signature of Authorized USMS Deputy or Clerk <b>Harvey Johnson</b>	Date <b>4/24/06</b>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Danielle McGee / Confidential Secretary**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service  
**5/2/06** Time  
**1:12** pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **Personal visit was made to...****NOTE**PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)



U.S. Department of Justice  
U.S. Marshal Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

DEFENDANT <b>FELIPE OTEZE FOWLKES</b>	COURT CASE NUMBER <b>05-00-11749 JLT</b>
DEBTOR <b>JAMES R. BENDER</b>	TYPE OF PROCESS

INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**JAMES R. BENDER, DEPUTY COMMISSIONER DEPT. OF CORRECTIONS**  
RFD, Apartment No., City, State and ZIP Code)

OFFICE DEPUTY COMMISSIONER, P.O. Box 9123, WINTHROP, MA 01890

REQUESTER AT NAME AND ADDRESS BELOW: <b>FELIPE OTEZE FOWLKES 11 WINTHROP ST WINTHROP, MA 01890</b>	Number of process to be served with this Form - 285 <b>1</b>
	Number of parties to be served in this case <b>2</b>
	Check for service on U.S.A.

INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Available For Service):

DEPUTY COMMISSIONER BENDER may now be served at **50 Maple Street, Suite 2, WINTHROP, MA 01890**

Requesting service on behalf of: <b>James R. Bender</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>508-853-1111</b>	DATE <b>1-31-06</b>
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**OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

Process <b>20</b>	District of Origin No. <b>38</b>	District to Serve No. <b>38</b>	Signature of Authorized USMS Deputy or Clerk <b>AT</b>	Date <b>8/9/06</b>
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Personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and swear that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)  
**Susan McDonald / Asst. Mgr. to J. Bender**

Date of Service <b>9-13-06</b>	Time <b>7:30 pm</b>
Signature of U.S. Marshal or Deputy <b>[Signature]</b>	

Forwarding Fee <b>40.50</b>	Total Charges <b>11.58</b>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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**NOTE**

**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>FRITPE OTEZE FADOLLES</u>	COURT CASE NUMBER <u>C.A.03-11749 JLT</u>
DEFENDANT <u>VERONICA M. Madden</u>	TYPE OF PROCESS

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>VERONICA M. Madden, Assoc. Commissioner, Security, MA and D.C.</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>50 Maple Street, Suite 3, Milford, MA 01757</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  <u>FRITPE OTEZE FADOLLES #41871-203</u> <u>1000-2000000000, CASE 035</u> <u>Box 3000</u> <u>Chicopee, MA 01461</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>22</u>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>437</u>	DATE <u>8-31-06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>35</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>8/9/06</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Gina Perez</u> <u>Executive Assistant</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>8/9/06</u>
	Time <u>1</u> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)





U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>UNITED STATES FOREST SERVICE</u>	COURT CASE NUMBER <u>CA 05-11749 JLT</u>
DEFENDANT <u>Kristie Ladoceur (Christina Ladoceur)</u>	TYPE OF PROCESS

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>KRISTIE LADOCEUR, DEPT. GRANTLAND GRANTLAND, MA, D.O.C.</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>50 MAPLE STREET, Suite 3, MILFORD, MA 01851</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>UNITED STATES FOREST SERVICE 2000-3000 JLT CORR. CTR. PO BOX 3000 Whitely, MA 01161</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>22</u>
	Check for service on U.S.A. <u>1</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Kristie Ladoceur is Christina Ladoceur  
in court mispelled the name. See page 3  
complaint under "g" defendant.

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>1-31-06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>28</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>8/9/06</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>1/31/06</u> Time <u>1:30</u> pm
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	FELIPE OTEZE FOULKES	COURT CASE NUMBER	CA.03-11119-JLT
DEFENDANT	PETER PEPE	TYPE OF PROCESS	STC
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	PETER PEPE, SUPERINTENDENT OF CONCORD PRISON		
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	MCI-CONCORD: P.O. BOX 9106, CONCORD, MA 01742		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
FELIPE OTEZE FOULKES # WB1202 QUIN-CARANDUKI CORR. CTR. P.O. BOX 8000 SHERLEY, MA 01464		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

2006 SEP 28 PM 3:28

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 5	Signature of Authorized USMS Deputy or Clerk Randy [Signature]	Date 9/28/06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Jury duty [Signature]

**NOTE**PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Peter Pepe, Superintendent  MCI Concord  PO Box 9106  Concord, MA 01742</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>4/29/04</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>7002 0510 0004 3542 4401</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**FORM USM-285 (Rev. 12/15/80)**

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>FELIX OTEZE FLORES</u>	COURT CASE NUMBER <u>CA 10-1111 JLT</u>
DEFENDANT <u>(C.O. PARE) Stephen M. PARE</u>	TYPE OF PROCESS
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>(C.O. PARE) Stephen M. PARE: MCI CONCORD PRISON</u>
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>MCI-CONCORD: P.O. BOX 9106 CONCORD, MA 01712</u>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<u>FELIX OTEZE FLORES #1031203</u> <u>2007-BARNBURY CORRIDOR</u> <u>P.O. BOX 8000</u> <u>SHIRLEY, MA 01164</u>	
Number of process to be served with this Form - 285	<u>1</u>
Number of parties to be served in this case	<u>22</u>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

C.O. PARE was not at and called 3-2 Reception Unit  
at Concord in December 2005. I recently reviewed  
his name is "STEPHEN M. PARE".

Signature of Attorney or other Originator requesting service on behalf of:

[Signature]
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

7-31-06**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>28</u>	District to Serve No. <u>35</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>8/9/06</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Rita Burack / Admin. Asst. to Supt R. Pepi

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service  
9-13-06

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee <u>90</u>	Total Mileage Charges (including endeavors) <u>-</u>	Forwarding Fee <u>-</u>	Total Charges <u>40</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>ELIZABETH FLORES</u>	COURT CASE NUMBER <u>CA 05-11749-JLT</u>
DEFENDANT <u>C.O. DRAGONE</u>	TYPE OF PROCESS

<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>C.O. DRAGONE</u>	<u>MCI CONCORD PRISON</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>MCI-CONCORD PO BOX 9106, CONCORD, MA 01712</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  <u>ELIZABETH FLORES</u> <u>2000 WASHINGTON ST.</u> <u>PO BOX 8000</u> <u>SHIRLEY, MA 01161</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>22</u>
	Check for service on U.S.A. <u>1</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

C.O. DRAGONE worked the J-H shift until 11/1/05  
in Concord, MA.

Signature of Attorney or other Originator requesting service on behalf of: <u>Julie (Steph) Jones</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>1-31-06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>NT</u>	Date <u>8/9/06</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Kon Burdick / Asst. J. Asst. to Sgt. P. Papi</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service <u>9-13-06</u>	Time <u>9:00</u> <u>am</u>
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>	

Service Fee <u>0.00</u>	Total Mileage Charges (including endeavors) <u>16.41</u>	Forwarding Fee <u>-</u>	Total Charges <u>16.41</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  X <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">David Nolan, Superintendent  Cedar Junction  PO Box 100  S. Walpole, MA 02071</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery  4/29/06</p>
		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>7002 0510 0084 3542 4395</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540





U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>FELICE OTFZL FLOJINES</u>	COURT CASE NUMBER <u>CA.05-11749 JLT</u>
DEFENDANT <u>JOHN A. LUONGO, JR.</u>	TYPE OF PROCESS

<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>JOHN A. LUONGO, JR., DEPUTY SUPERINTENDENT OF CORRECTIONS, Prison</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>100 E. CORRECTION RD. BOX 100, WILTON, MA 02091</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>FELICE OTFZL FLOJINES #181903</u> <u>100 E. CORRECTION RD. BOX 100</u> <u>WILTON, MA 02091</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>2</u>
	Check for service on U.S.A. <u>2006-9-12 1:39</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>7-31-06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>8/9/06</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>[Signature]</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>7/26/06</u>
	Time <u>4:45</u> pm
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>FRANK OTAZE FOLKES</u>	COURT CASE NUMBER <u>CA 05-11749 JLT</u>
DEFENDANT <u>DANIEL SULLIVAN</u>	TYPE OF PROCESS
<b>SERVE</b> ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>DANIEL SULLIVAN, C.O. II AT CEDAR JUNCTION PRISON</u>
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>MCI-Cedar Junction P.O. Box 100, Southwick, MA 02011</u>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<u>FRANK OTAZE FOLKES #W81203</u> <u>MASSACHUSETTS CORRECTION</u> <u>P.O. BOX 8000</u> <u>SHIRLEY, MA 01901</u>	
Number of process to be served with this Form - 285	<u>1</u>
Number of parties to be served in this case	<u>22</u>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Frank Otaze Folkes☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

7-31-06**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>28</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>nt</u>	Date <u>8/9/06</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Frank Otaze Folkes☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
8/9/06 Time  
11:19 (am/pm)  
pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>FELIPE OTEZE FLORES</u>	COURT CASE NUMBER <u>C.A.D.S.-11111</u>
DEFENDANT <u>ANN MARIE AUCION</u>	TYPE OF PROCESS

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>ANN MARIE AUCION, C.O.E. with a residence at 6208 Pine Road</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>70 E. 2nd St. Apt. 100, Box 100, Boston, MA 02111</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  <u>FELIPE OTEZE FLORES #11111202</u> <u>6208 PINE ROAD CORP. CT.</u> <u>PO BOX 1000</u> <u>SHIRLEY, MA 01164</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>22</u>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>Felipe Oteze Flores</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>1-31-06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>8/9/06</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>[Signature]</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	
Date of Service <u>1/31/06</u>	Time <u>11:00</u> (am) <u>pm</u>
Signature of U.S. Marshal or Deputy <u>[Signature]</u>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF FEDERAL OTTAWA POLICE	COURT CASE NUMBER CA-05-11749-317
DEFENDANT DARRIN C. PAYNE	TYPE OF PROCESS
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DARRIN C. PAYNE, C.O. OF CEDAR JUNCTION
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 101 CEDAR JUNCTION RD. BOX 100, CEDAR JUNCTION, IA 52601
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
FEDERAL OTTAWA POLICE #11881002 101 CEDAR JUNCTION RD. BOX 100 CEDAR JUNCTION, IA 52601	
Number of process to be served with this Form - 285	1
Number of parties to be served in this case	2
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 319-311-3131	DATE 9-31-06
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 28	District to Serve No. 32	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 8/9/06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>[Signature]</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 9/27/06
	Time 11:00 am
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service

Case 1:05-cv-11749-JLT

Document 40

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF FELIPE OTEZE FOLKES	COURT CASE NUMBER CASE 1:05-JLT
DEFENDANT LUD SPENCER	TYPE OF PROCESS

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN LUD SPENCER, SUPERINTENDENT OF NORFOLK PRISON
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) NORFOLK PRISON: 2 CLARK STREET NORFOLK, MA 02006

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: FELIPE OTEZE FOLKES #W01203 QUINN-CABANOWITZ CORR. CTR. PO BOX 8000 SHIRLEY, MA 01164	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: Felipe Oteze Folk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 508	DATE 7/14/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 2	District to Serve No. 2	Signature of Authorized USMS Deputy or Clerk James J. Schenck	Date 7/14/05
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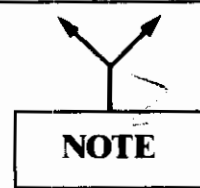
I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks". the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) James J. Schenck	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 7/14/05
	Time 2:15 pm
	Signature of U.S. Marshal or Deputy James J. Schenck

Service Fee 112.50	Total Mileage Charges (including endeavors) 26.25	Forwarding Fee —	Total Charges 138.75	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:



PRIOR EDITIONS  
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>FELIPE OTEZ FLORES</u>	COURT CASE NUMBER <u>CA 05-11111 JLT</u>
DEFENDANT <u>KIMBERLY KENNEY</u>	TYPE OF PROCESS

<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>KIMBERLY KENNEY, C.O. II OF NORFOLK PRISON</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>MCI-NORFOLK 2 CLARK STREET, NORFOLK MA 02036</u>
<b>AT</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>FELIPE OTEZ FLORES #WY1302</u> <u>UNION-BIRMINGHAM CORR. CTR.</u> <u>110 CON 8000</u> <u>CHICKEN, MA 01161</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>33</u>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>4-39</u>	DATE <u>9-31-06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>8/19/06</u>
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>CO ADJUC MCI NORFOLK</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>9/6/06</u> Time <u>1250</u> pm Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee <u>45</u>	Total Mileage Charges (including endeavors) <u>22.25</u>	Forwarding Fee <u>—</u>	Total Charges <u>67.25</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>FRANK OTFZE FOLKES</u>		COURT CASE NUMBER <u>05-03-1111 JLT</u>	
DEFENDANT <u>LOUIS RUSSO</u>		TYPE OF PROCESS	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>LOUIS RUSSO, SUPERINTENDENT OF WETA-BARNARD JLT CORP.</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>WETA-BARNARD JLT CORP., P.O. Box 8000, Woburn, MA 01801</u>		
<b>AT</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<u>1</u>
<u>FRANK OTFZE FOLKES #W81203</u> <u>WETA-BARNARD JLT CORP.</u> <u>P.O. Box 8000</u> <u>Woburn, MA 01801</u>		Number of parties to be served in this case	<u>23</u>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>10/10/06</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

MARIA SAZONICK - Plaintiff

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <u>10/10</u>	Time <u>1</u> <u>pm</u>
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Signature of U.S. Marshal or Deputy

Service Fee <u>90.00</u>	Total Mileage Charges (including endeavors) <u>36.60</u>	Forwarding Fee	Total Charges <u>125.60</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>FELIPE OTEZE FOWLES</b>	COURT CASE NUMBER <b>CA-05-11749 JLT</b>
DEFENDANT <b>JOHN MARSHALL</b>	TYPE OF PROCESS

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>JOHN MARSHALL, DISTRICT ATTORNEY (COMMISSENER), MASS. DEPT. OF CORR.</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>50 MAPLE STREET, SUITE 3, MILFORD, MA 01757</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>FELIPE OTEZE FOWLES #W21703 2220 CARRINGTON STREET APT 2X 2000 BOSTON MA 02164</b>	Number of process to be served with this Form - 285 <b>1</b>
	Number of parties to be served in this case <b>22</b>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <b>Felipe Oteze Fowles</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>617 552 9808</b>	DATE <b>9-31-06</b>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>38</b>	District to Serve No. <b>38</b>	Signature of Authorized USMS Deputy or Clerk <b>[Signature]</b>	Date <b>9/9/06</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **Process served by mail to the defendant at the address shown above. No return receipt was received.****NOTE**PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>ELIOT OFFICE EQUIPMENT</u>	COURT CASE NUMBER <u>CA 05-11749 JLT</u>
DEFENDANT <u>Timothy Hall</u>	TYPE OF PROCESS

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Timothy Hall, Asst. Deputy Commissioner MA D.O.C.</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>50 Maple Street Suite 3 Milford MA 01851</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  <u>ELIOT OFFICE EQUIPMENT #WB1203</u> <u>102A-2800017 C.R.C.</u> <u>100 3RD ST</u> <u>BOSTON, MA 01107</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>28</u>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>4-36</u>	DATE <u>9/28/06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>9/28/06</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	
Date of Service	Time am pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Returned via EX, Forwarded to [unclear] at [unclear] 9/28/06**NOTE**PRIOR EDITIONS  
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)



